

Center for Medicaid and State Operations/Survey and Certification Group

Ref: S&C-05-18

DATE: February 10, 2005

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Pressure Ulcer Prevention & Treatment Pilot – Invitation

Summary

- The prevalence of pressure ulcers in nursing homes remains unacceptably high. New efforts and learning are vital if we are to achieve improved quality of care and quality of life for residents.
- We therefore invite 4-7 state survey agencies to augment their current efforts through participation in a special demonstration program. We expect the demonstration to run for three years.
- The Budget Analysis Tool (BAT) provides adjustments for pertinent fixed costs (e.g., state coordinator) and variable costs (added time that may be required to use the decision support tool in surveys of nursing homes).
- Please inform your regional office by March 4 if you are interested.

For several years the Centers for Medicare & Medicaid Services (CMS), state survey agencies (SAs) and Quality Improvement Organizations (QIOs) have worked with nursing homes to improve performance on certain issues that are important to quality of care and life of nursing home residents. Many of these have been the subject of special tracking and measurement through the quality indicator (QI) or quality measure (QM) process.

Progress is evident in the systemic improvement of care related to the use of restraints (down 23% since 2002) and effective pain management (improved 38% since 2002). CMS recognized such progress through a special press release on December 22, 2004.

Nationwide progress has not been achieved in the prevalence of pressure ulcers, however, despite examples of individual nursing homes (and some entire states) that have achieved substantial improvement through special, sustained effort. In such efforts progress has been achieved not by simple policy change or administrative decree but by sustained attention to nursing home residents at risk of developing ulcers, and to effective practice patterns.

A pressure ulcer can occur wherever pressure has impaired circulation to the tissue. Due to the medically complex conditions of most nursing home residents, it is especially critical to prevent the development of a pressure ulcer. Pressure ulcers may be debilitating, painful, and in some cases, life-threatening. If a pressure ulcer develops, there are added costs within the health care system in order to treat and heal the ulcer.

These costs may impact the resident as skilled care is often required and the treatment may require extra supplies, consultation with wound care specialists, and the use of special support surfaces (depending upon the stage of the ulcer). In addition, there is an increase in costs for the facility not only for the medications, treatments and dressings, but for the staff time necessary to provide the appropriate care necessary to heal the ulcer.

Successful efforts at pressure ulcer prevention and treatment tend to have several things in common. Examples include:

- The involvement of facility staff, the medical director, and the quality assurance and assessment committee in the development and implementation of standardized practices and protocols for the prevention and treatment of pressure ulcers;
- The development and/or enhancement of nursing processes to include the implementation of standardized assessment tools;
- The development of educational programs for direct care workers in the recognition of how and why pressure ulcers develop;
- The provision of adequate staff throughout the twenty-four hour continuum to provide consistent care to meet the needs of the resident; and
- The development and implementation of teams to continually monitor and revise, as necessary, the policies, procedures and protocols; and
- The ongoing evaluation of individual interventions provided to residents at risk for pressure ulcer development or pressure ulcer healing.

The Role of the State Survey Agency in the Reduction of Pressure Ulcers

Ultimately, nursing homes are responsible reversing the trend toward increasing pressure ulcer prevalence, but there is a role for SAs as well. Through consistent and strict enforcement of CMS policies, SAs highlight and motivate nursing homes to come into compliance with the requirements of the Medicare and Medicaid programs.

Third quarter 2004 quality measure (QM) and survey data show that, depending on the state, between zero and 57 percent of facilities with very high pressure ulcer rates (above 15 percent) were cited for pressure ulcers on their most recent standard surveys. Although the QM score is not the sole indicator of a nursing home's compliance in this area, the wide range in citation rates implies that there are important differences in the interpretation and application of the survey protocol from state to state.

CMS wants to ensure that every nursing home is held to the same standard, regardless of its geographic region. To that end, CMS released surveyor guidance on the identification of nursing home pressure ulcer deficiencies in November of 2004. I would like to reiterate the importance of that transmittal, and encourage all SAs to implement any necessary changes immediately. I also encourage states to contact their regional offices for assistance should they have questions about the new guidance. Lastly, if your SA has developed unique guidance in the area of pressure ulcer citations, please share your policies with your regional office.

State Survey Agency Pilot

We continue to make the prevention and effective treatment of pressure sores a priority topic for all SAs. In addition, we invite 4-7 SAs to augment their current efforts through participation in a special SA demonstration program. We expect the demonstration to run for three years. During this time it will be reviewed for purposes of possible re-design and, if successful, expansion. All states are invited to respond to this invitation. We may, however, accord priority to those states whose overall incidence of pressure sores in nursing homes is very high (high statewide rates), or states that have a very high number of nursing homes that experience high prevalence rates.

The program consists of the following elements:

1. Primary State Agency Roles

- **Statewide Coordinator:** Designate or hire ¼ to ½ FTE devoted to:
 - Lead the participating SA's focus on pressure sores,
 - Coordinate with CMS and other partners,
 - Track and analyze results, and
 - Provide resources, consultation, and educational opportunities for SA staff.
- **Decision Support Tool:** A set of guide questions, together with resource material, that would be employed by survey teams during and/or after surveys of nursing homes. The purpose is to assist the decision-making process with regard to the citation of deficiencies.

2. Connections with Others

- **Information and Referral:** Establish and implement methods for referring nursing homes to other sources for assistance. These referral efforts would engage nursing homes that are the focus of special SA attention and connect them with resources and coaching assistance available from other organizations (such as the QIOs).

3. Support & National Participation

- **Training:** Participation in common training events among the participating states, QIOs that are undertaking parallel efforts within their distinct role, and CMS.
- **Participation in National Events:** Participation in at least one national meeting each year to design, review, and improve the demonstration.
- **Data Analysis and Tools:** Support from CMS in the analysis of data to (a) identify nursing homes within the state that merit special focus, (b) analyze trends over time, and (c) make effective use of available tools.
- **Research:** We will contract with a separate organization, or fund a SA that has a research relationship with a state university, to evaluate the effectiveness of the demonstration.

Budget Implications

We will make appropriate entries in the Budget Analysis Tool (BAT) so that the workload for affected states is taken into account for both fixed activities (e.g., state coordinator) and variable activities (added time that may be required to use the decision support tool in surveys of nursing homes). We expect that the added variable time may be 15-25 minutes per survey. We expect to make decisions regarding the project by the beginning of March, 2005.

How to Express Interest

Please send the attached information sheet to your CMS regional office by March 4, 2005

Questions

Please contact your regional office or Jill Kelly at jkelly3@cms.hhs.gov

/s/
Thomas E. Hamilton

Attachments

Attachment One: SA Expression of Interest

A. State Name:

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B. Contact Information (for initial dialogue with CMS):

Name:

Telephone Number:

Fax Number:

E-mail Address:

C. Comments (optional):

1. Briefly describe any special features (related to pressure ulcer prevention and care) of the nursing facilities in your state. Examples include high average pressure ulcer prevalence, high or low pressure ulcer citation patterns, atypical resident demographics, facility-initiated policies, etc.
2. Briefly describe any special characteristics of your state agency that would make it a good candidate for this pilot. These might include unique challenges, policies, practices, or initiatives.

Please e-mail this application to your regional office by March 4, 2005.

Attachment Two: Resource References

CMS National Initiatives

- November 2004 release of F314 Guidance to Surveyors for Long Term Care Facilities;
- Survey & Certification Online Course Delivery System – Web-stream satellite presentation: CMS Long Term Care Journal – Pressure Ulcer Care, Volume I (available August 3, 2004 through August 3, 2005 at <http://cms.internetstreaming.com> was mandatory viewing for all Long Term Care Surveyors); and
- QIO Technical Assistance material